U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U

3. Name and address of person filing.

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Amended

0 / 01 / 2009 Through: [2 / 3] / 2001

4. Name, file number, and address of labor organization.

Name LABORERS LOCAL 998

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	Labor Organization File Number O17-727			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1/2095 Pennsylvania	Street 1/2.69 S. Penusy Lucinic			
City Lausing	City Lays Ly			
State ZIP Code + 4 4 8916	State ZIP Code + 4 1/8/9/07			
5. Position in labor organization.	President Commence of the Comm			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

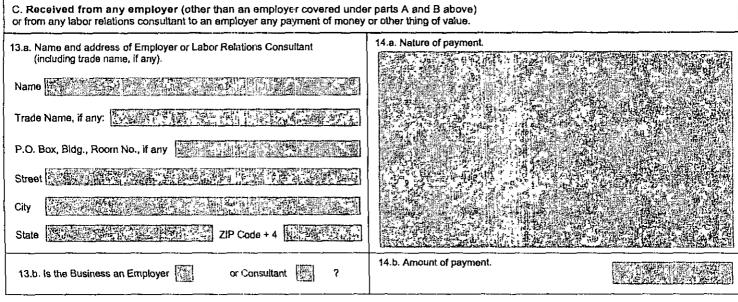
Date

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

		<del> </del>
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CADOLONS Local 998 and ENPloyer Cooperation and Education Trust Foud	जिला	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 65255 Centurious Or	c. Employer	
City Lausting Teachers		
State ZIP Code + 4 18 117		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	see Attachment	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	HERMAN DESCRIPTION



LABORERS' LOCAL 998 AND EMPLOYERS' COOPERATION AND EDUCATION TRUST FUND
TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

DAN DARGAN

10/17/2004	International Foundation		Regist Fee for Annual Conf 11/04
10/17/2004	Dan Dargan	\$326,39	Advance Airfare - Annual Conf 11/04
11/5/2004	Dan Dargan	\$1,573.61	Travel Adv - Annual Conf 11/04
	Laborers Local 998	(\$23.78)	Refund of Unused Travel Advance
		TOTAL \$2,791.22	
3/18/2004	Spartan Travel	\$382.04	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
5/24/2004	Dan Dargan		5/23 & 5/24/04 Jt BOT Mtg - Mileage
		TOTAL \$556.42	